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## IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office  
Examiner: Jennifer A. Boyd  
Art Unit: 1771

DATE: April 1, 2004

FROM: Lawrence J. McClure

TIME: \_\_\_\_\_

TOTAL NO. OF PAGES, INCLUDING COVER: 13

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### MESSAGE:

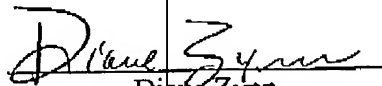
U.S. Patent Application Serial No.: 09/786,213; Our Ref. 81833.0027

I hereby certify that the following documents:

- Request for Continued Examination (RCE)
- Amendment Under 37 C.F.R. §1.114/§1.116/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

April 1, 2004  
Date of Deposit

  
Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 - Art Unit 1771

CLIENT NUMBER: 81833.0027

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (703) 305-7082 (please return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81833.0027  
Patent Application No. 09/786,213

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hiroji YOSHIDA et al.

Serial No: 09/786,213

Filed: March 1, 2001

For: NONWOVEN FABRIC AND PRODUCTION METHOD  
THEREOF, PRODUCTION DEVICE USED FOR THE  
METHOD, CUSHION MATERIALS USING IT,  
NONWOVEN FABRIC SUITABLE FOR FILTERS,  
NONWOVEN STRUCTURES AND CUSHION  
MATERIALS

Mail Stop RCE  
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P.O. Box 1450  
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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	8	-	20	**	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	7	-	11	***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
Independent Claims: 13, 15-20						TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure  
Registration No. 44,228  
Attorney for Applicant(s)

Date: April 1, 2004

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